

## STATEMENT OF CALIFORNIA RESIDENCY

(Supplement to Application for Presumptive Eligibility Only—MC 263)

1. Name	Date of Birth
2. Do you now live in California and plan to continue living here? <input type="checkbox"/> Yes, and I can prove this when I apply for Medi-Cal. <input type="checkbox"/> No, I do not live in California and I do not plan to stay in California. If you answered “No” to question 2, or did not answer at all, you cannot get Presumptive Eligibility benefits.	
<b><i>I certify I have read and understand this form. I declare that the information I have given is true, correct, and complete.</i></b>	
Signature or mark of applicant (or legal guardian)	Date
Signature of witness to mark of applicant (or legal guardian)	Date
<b>FOR PROVIDER USE ONLY</b>	
<b>INSTRUCTIONS TO PROVIDER:</b> <i>If your patient answers “Yes” to question 2, you may proceed with the Presumptive Eligibility determination. You must attach this form to the Application for Presumptive Eligibility (MC 263 PREMED 1). If your patient answers “No” to question 2, or does not answer at all, you cannot offer Presumptive Eligibility to the patient. You must complete the section below and give a copy of this form to the patient.</i>	

### WHY YOU CANNOT GET PRESUMPTIVE ELIGIBILITY BENEFITS (RESIDENCY)

You cannot get Presumptive Eligibility benefits because when you were asked to answer question 2 above:

- ☐ You said you do not live in California and do not plan to stay in this state, or
- ☐ You did not answer question 2 at all.

Even though you cannot get Presumptive Eligibility benefits, you may still apply for Medi-Cal at your local county welfare department or at an outstationed eligibility worker site, if you think you are eligible.

Provider signature	Provider printed name	Date
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